

PRINTED: 08/01/2012  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>Poc # 2</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRAKEBILL NURSING HOME INC.</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5837 LYONS VIEW PIKE</b> <b>KNOXVILLE, TN 37819</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 276 SS=D	<p><b>483.20(c) QUARTERLY ASSESSMENT AT LEAST EVERY 3 MONTHS</b></p> <p>A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to complete a quarterly Minimum Data Set assessment for one (#1) of five residents review.</p> <p>The findings included: Resident #1 was admitted to the facility on June 3, 2010, with diagnoses including Dementia, Acute Respiratory Failure, and Abnormality of Gait.</p> <p>Medical record review revealed a Minimum Data Set (MDS) dated March 29, 2012. Medical record review revealed no documentation a MDS was completed in June, 2012.</p> <p>Interview with the MDS Coordinator, in the MDS office, on July 18, 2012, at 1:45 p.m., confirmed a quarterly assessment due June 27, 2012, had not been completed.</p>	F 276	<p>This Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.</p> <p>F 276</p> <p>Corrective Action:</p> <p>The resident number 1, was immediately assessed and MDS assessment completed on that day July 18, 2012. This assessment was off by one month.</p> <p>Potential:</p> <p>MDS assessment coordinator will maintain record of all assessments due dates to ensure that no scheduled assessments are missed.</p> <p>Measure:</p>	8-30-12	
F 311 SS=D	<p><b>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</b></p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p>	F 311	<p>MDS assessment coordinator will complete an audit of Minimum Data Set (MDS)</p> <p>MDS coordinator will be responsible in maintenance of all assessment due dates and will check for accuracy monthly.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

NHA

8-2-12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 311	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide restorative nursing services as ordered by the physician for one (#1) of five sampled residents.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on June 3, 2010, with diagnoses including Dementia, Acute Respiratory Failure, and Abnormality of Gait.</p> <p>Medical record review of the Minimum Data Set (MDS) dated March 29, 2012, and January 2, 2012, revealed the resident had cognitive impairment, required assistance with all activities of daily living, and had no limitations in range of motion (ROM).</p> <p>Medical record review revealed the resident had been receiving restorative nursing for ambulation which was discontinued on March 2, 2012. Medical record review revealed a physician's order dated April 2, 2012, for "RNA (restorative nursing assistant) for amb (ambulation) 5xwk (times a week). Medical record review revealed no documentation concerning restorative program.</p> <p>Observation on July 18, 2012, at 11:00 a.m., revealed the resident lying in bed with a certified nursing assistant providing care.</p> <p>Medical record review and interview with the physical therapist in the conference room, on July</p>	F 311	<p>Monitor:</p> <p>MDS coordinator will report status of Minimum Data Set audit during the Performance Improvement Meeting to ensure compliance. This audit will continue until substantial compliance has been achieved.</p> <p>F 311</p> <p>Corrective Action:</p> <p>Resident number 1, was screened by the physical therapist-no contractures-ambulated 16 feet with maximum assist of 2. RNA re-ordered for ambulation and range of motion to bilateral ankles, five times a week.</p> <p>Potential:</p> <p>An audit was initiated on July 19, 2012, on all current charts to ensure all restorative orders have been validated as to treatment.</p>		8-30-12

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F 311	Continued From page 2 18, 2012, at 2:00 p.m., confirmed a screen was completed on this day and no further decline was noted and confirmed restorative is to begin ambulating the resident five times a week.  Interview with the Director of Nursing on July 19, 2012, at 8:00 a.m., in the conference room confirmed a physician's order was received on April 2, 2012, for restorative to ambulate the resident five times a week. Further interview confirmed restorative had not been started due to the physician's order being missed.	F 311	<p>Measures:</p> <p>Associates were in serviced on a revised policy which no longer requires a physician's order for restorative/maintenance nursing. A referral for these services may by nursing or physical therapy thru documentation on a golden rod form. The RNA will copy this form to retain and provide a copy to the MDS Coordinator and Director of Nursing. The RNA will complete a treatment log to document services and at the end of the month this form is filed in the resident's record.</p> <p>Monitor:</p> <p>The Director of Nursing or her designee will audit 5% of all resident's charts who have a golden rod referral for maintenance nursing service to validate services by log documentation. The Director of Nursing will report status of audit during the Performance Improvement Meeting to ensure compliance. This audit will continue until substantial compliance has been achieved.</p>		